Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL011285 03/11/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 136 ROBINSON COVE ROAD **CANDLER LIVING CENTER** CANDLER, NC 28715 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of Biennial Construction Survey by Frank Strickland on 03/11/2015: Information obtained from the DHSR database indicates that this facility was first licensed on 01/01/1977 for 29 beds. Based on this information, we are requiring the facility to meet the 1967 NC Building Code, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current rules for Adult Care Homes of Seven or More Beds. Deficiencies have been cited and A Plan of Correction is required. C 101 C 101 Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction. change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost: This Rule is not met as evidenced by:

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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C 101	Continued From page 1		C 101									
	1-Based on observations, the facility did not provide any address numbers in a position that is visible from the main road. This could effect the health and safety of staff and all the residents if emergency responders could not locate the facility quickly.											
C 189	Building Equipment	Maintained Safe, Operating	C 189									
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.											
	maintain the water in prevent water migration condition has dama interior spaces that	et as evidenced by: ations, the facility failed to resistance of the roof to ation into the facility. This ged the roof construction and effects all residents and staff ily operation of the facility.										
	above the Laundry sheetrock on the wa appear to be satura ceiling fixtures have Laundry Room is no	roof leak that is located Room that has distroyed the alls and ceiling. The wall studs ted with water and electrical be removed. It appears the of functional at this time.										
		been maintained in a safe										

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PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) C 189 C Ontinued From page 2 manner. This would effect all residents by not keeping the exits visible in an emergency. Findings on 03/11/2015: a. The emergency wall lights located at the Dining Hall, Back Hall and Laundry Room Hall did not illuminate when tested for emergency back-up illumination condition. 3. Based on observation, the facility has not maintained exit and/or fire rated doors in a safe manner to operate freely or latch in order to allow the evacuation of residents in case of an emergency or contain smoke and/or fire in the area of origin. Findings on 03/11/2015: a-The Back Hall exit door did not open freely due to excessive wear and b- the door for Room 13 did not latch at the way to the door frame stops. 4. Based on observations, the facility management has not taken into consideration the maintence of surfaces outside the facility to protect the staff and all residents during all weather conditions. Findings on 03/11/2015: a. The handicap ramp that is located at the main entrance to the facility is made of wood construction that has been painted and has no	CANDLE	R LIVING CENTER									
manner. This would effect all residents by not keeping the exits visible in an emergency. Findings on 03/11/2015: a. The emergency wall lights located at the Dining Hall, Back Hall and Laundry Room Hall did not illuminate when tested for emergency back-up illumination condition. 3. Based on observation, the facility has not maintained exit and/or fire rated doors in a safe manner to operate freely or latch in order to allow the evacuation of residents in case of an emergency or contain smoke and/or fire in the area of origin. Findings on 03/11/2015: a-The Back Hall exit door did not open freely due to excessive wear and b- the door for Room 13 did not latch at the way to the door frame stops. 4. Based on observations, the facility management has not taken into consideration the maintence of surfaces outside the facility to protect the staff and all residents during all weather conditions. Findings on 03/11/2015: a. The handicap ramp that is located at the main entrance to the facility is made of wood construction that has been painted and has no	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	COMPLETE				
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